



State of New Hampshire

2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/16/2014

Business ID: 445538

William M. Gardner

Secretary of State

PRICE PLUMBING & HEATING, LLC

64 DIANE DR
BELMONT, NH 03220

ADDRESS OF PRINCIPAL OFFICE:

64 DIANE DR
BELMONT, NH 03220

REGISTERED AGENT AND OFFICE:

PRICE, GAYLE E
64 DIANE DR
BELMONT, NH 03220

ENTITY TYPE: LLC

BUSINESS ID: 445538

STATE OF DOMICILE: NEW HAMPSHIRE

PLUMBING, HEATING & CONSTRUCTION SERVICES AND SUPPLIES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. David Clayton Price

STREET 64 Diane Drive

CITY/STATE/ZIP Belmont Nh 03220

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Gayle Price

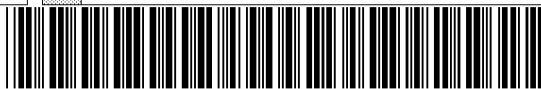
Please print name and title of signer: Gayle Price / AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



044553820141007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301